SEBIAL NO.

CO C C C C C C C C APPLICANT(S) FILING DATE MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AFTER
1st AMENDMENT 2nd AMENDMENT AS FILED ND. IND. DEP. IND. INC. DEP. IND. DEP. IND. DEP.

TOTAL TOTAL DEP.

TOTAL

33.33